

Utility Service Form 275 Strand Street, St. Helens, OR 97051 | 503-397-6272 | www.sthelensoregon.gov

14	latar is Currently (Check One)	ON	OFF	NEW METER
	/ater is Currently (Check One):	OWNER/MGR	RENTER	CONTRACTOR
	pplicant is (Check One):	PAPER	EMAIL	вотн
В	illing Options (Check One):			bom
Applicant Name(s):				
Service Address:			Lot	t #:
Mailing Address (If Diff	erent):			
Primary Phone Number	r:	Email:		
Alternate Phone Numb	er:			
Applicant's Drivers Lice	nse State/Number:		py of ID is required	
Co-Applicant's Drivers License State/Number:			py of ID is required	
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Date Service Requested	d (m/d/yyyy):			
Applicant Signature:		C	Date:	
Co-Applicant Signature		C	Date:	
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